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for Mental Health

By KEN ALLEN

Editor, Albert Lea Evening Tribune



Minnesota clinic finds that counseling family members together is effective.

Most mentally ill persons don't need hospitalization, but that was once the only treatment available—until communities like Albert Lea, Minn., showed the way with outpatient clinics

WHEN PRESIDENT KENNEDY presented his mental-health program to Congress earlier this year, he could have been describing a system of psychiatric medicine that has been in effect in Albert Lea, Minn., for a dozen years.

The President's proposals parallel the experience of the Southern Minnesota Mental Health Center, which provides psychiatric and psychological service for 50,000 Minnesotans.

It was in July of 1950 that the members of the Freeborn County Public Health Nursing Service Auxiliary learned from the state mental-health commissioner that an outpatient psychiatric clinic might be established in Southern Minnesota. These women, guided by Maureen Wetch, then women's editor of *The Albert Lea Evening Tribune*, began a campaign to bring the clinic to Albert Lea. They enlisted the help of physicians, nurses, clergymen, and *Tribune* editors in their campaign, later bringing in the Chamber of Commerce and bewildered businessmen who scarcely knew what they were promoting.

The City Council and the County Board of Commissioners agreed to become cosponsors and to appropriate small sums each year to pay rent and incidentals—mostly as a token of good faith. The state took on the obligation of recruiting, supervising, and paying the staff.

With a great deal of self-consciousness, the clinic opened its doors to the public. The state had been able to hire a clinical psychologist, a psychiatric social worker, and a receptionist but could provide a psychiatrist only one day a week.

A local advisory committee of citizens was recruited. They met faithfully to hear staff reports, consult on problems, and offer suggestions.

Often as not, decisions were based on instinct because there was only scanty information in even the scholarly journals.

For instance, there was Case No. 9. A 15-year-old high-school girl was torturing herself with psychological fears, eating too much, and sneezing every few seconds while awake. She had gone to 32 allopathic and osteopathic physicians with no lasting results.

At the Center, the girl was given sedatives and a nonconvulsive shock treatment. Soon she was talking easily and freely to the psychiatrist—and she stopped sneezing for the first time in 100 days. She was put on a diet, taken from school, and placed with a family to do what she wanted to do—be a domestic. Prognosis: good.

And there was "Sally." She was a capable and energetic office worker in a factory. But she dressed in run-down saddle shoes and covered her ample figure with unbecoming "house" dresses. The teasing of male coworkers set her off on crying spells that were interfering with her work. Her employer faced a hard choice: dismissal or rehabilitation. He finally got her to the Center by referral of her physician.

IN SIX WEEKS, Sally became a different person. She lost a great deal of weight, began using lipstick, and matched smart clothing with a new personality. When the shop kidding started, she gave as much as she took. Her efficiency rating soared. Gone was the tearful Sally.

Farm people are often suspicious of the sciences that deal with man's mind and its ailments, but here again the Center had some fortunate experiences.

A farmer was brought to the local hospital with all symptoms of a mental breakdown. A hearing had been scheduled for a Monday so the

patient could be admitted to a state mental hospital. During a Sunday visit to the hospital, a clinical psychologist asked to see the patient. To all outward appearances, the patient was unbalanced, but a closer look showed a fleck of blood inside one eye. The psychologist called the attending physician, and a more thorough examination was made. As a result, a brain clot was found and ultimately removed.

After surgery, the farmer told what had happened. He had fallen backward from a tractor and struck his head. He could remember nothing from that point until he became conscious in the recovery room. He's now farming 460 rich Minnesota acres and paying taxes rather than being a patient in a tax-supported institution.

AS THE SUCCESSES—and a few failures—piled up, the Center gained state-wide, then national recognition. The United States Public Health Service even sent social workers to study the Center and to collect documentary evidence.

Of the Center's first 342 patients, only nine had been sent on for institutional treatment. "Savings to taxpayers are apparent," *The Tribune* said. "The cost of a patient in a state institution is not less than \$1,000 a year."

As the years passed, the program emphasis shifted. Currently, there is a drive on preventive mental illness. Dr. Arthur Arnold, who now is the full-time psychiatrist at the Center, is teaching a course to physicians, and seminars are held for nurses, teachers, and factory foremen.

From its experience of a dozen busy and fruitful years, the Southern Minnesota Mental Health Center can advise the President and Congress to move slowly. If they expect overnight results, they are going to be frustrated.

And frustrations bring anxieties.

COVER:

Phoebe Dunn caught this Father's Day duo—a son trying to grow up strong like his daddy, the latter striving to live up to the image. Al Hirt, a big daddy with a big family, is spotlighted on page 10.

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